

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

21b 22 23 24 25 26  
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

**INDEPENDENT HEALTH ASSN INC. POLITICAL ALLIANCE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SCHUMER**  
Mailing Address  
**509 MADISON AVE.**  
City **NEW YORK** State **NY** Zip Code **10022**  
Purpose of Disbursement  
**POLITICAL CONTRIBUTION**  
Candidate Name  
**CHARLES SCHUMER**  
Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☒ Other (specify) **GENERAL USE**  
State: **NY** District: **6**

Date of Disbursement

**07** / **22** / **2009**

Amount of Each Disbursement this Period

**1,000.00**

**B. FRIENDS OF SCHUMER**  
Mailing Address  
**509 MADISON AVE.**  
City **NEW YORK** State **NY** Zip Code **10022**  
Purpose of Disbursement  
**POLITICAL CONTRIBUTION**  
Candidate Name  
**CHARLES SCHUMER**  
Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☒ Other (specify) **GENERAL USE**  
State: **NY** District: **6**

Date of Disbursement

**07** / **23** / **2009**

Amount of Each Disbursement this Period

**1,000.00**

**C. CHRIS LEE FOR CONGRESS**  
Mailing Address  
**P.O. BOX 15395**  
City **ROCHESTER** State **NY** Zip Code **14615**  
Purpose of Disbursement  
**POLITICAL CONTRIBUTION**  
Candidate Name  
**CHRIS LEE**  
Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General  
☒ Other (specify) **GENERAL USE**  
State: **NY** District: **26TH**

Date of Disbursement

**12** / **04** / **2009**

Amount of Each Disbursement this Period

**250.00**

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**2,250.00**

**2,250.00**

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